Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 83072ASLP		
As below named in							1 00012	AULI	
My residence, post office addr	ess and citizenship	are as stated	below next	to my name,	.				
I believe I am the original, firs of the subject matter which is	claimed and for wi	ich a patenti	name is liste s sought on	d below) or an original,	first and joint i	inventor (if p	lural nam	es are liste	ed below)
i			s sought on	me invention entitled.					
STORAGE PHOSE	HOR CASS	SETTE							
The specification of which (che	eck only one item	below):							
is attached hereto.									
was filed as United Sta		Serial No. o	n and						
was amended on (if a	pplicable).								
was filed as PCT inter	national applicati	on Number	on and wa	s amended under PC1	Article 19 or	n (if applica	ıble).		
I hereby state that I have review	ved and understand	d the contents	of the abov	e-identified specification	, including the	e claims, as a	amended t	y any am	endment
referred to above.									
I acknowledge the duty to disc. 37, Code of Federal Regulation	lose to the U.S. Pa	itent & Trade:	mark Office	all information known t	o me to be ma	iterial to pate	entability	as defined	l in Title
I hereby claim foreign priority		e 35, United !	States Code.	8119 of any foreign and	alication(s) for	notont an in			c
rel international application(s	s) designating at lea	ast one count	ry other thar	the United States of A	merica listed h	elow and ha	ve also ide	entified he	low any
loreign applications(s) for pate	ent or inventor's ce	ertificate or a	ny PCT inte	rnational application(s)	designating a	least one co	untry othe	er than the	e United
States of America filed by me o	on the same subject	t matter havin	ig a filing da	te before that of the appl	ication(s) of w	hich priority	y is claime	:d:	
PRIOR FOREIGN/PCT APP	LICATION(S) AN	ND ANT PRI	ORITY CLA	AIMS UNDER 35 U.S.	C. 119:				
COUNTRY (If PCT, indicate PCT)		APPLICATION NUMBER		DATE OF FILING (day month year)		PRIOR	RITY CLAIMED UN	NDER 35 USC §11	9
And the state of t							YES		NO
100							YES		NO
							YES		NO
Thomby drive the language	mid of This		C	<u> </u>					
Thereby claim the benefit under						n(s) listed be	elow:		
PRIOR PROVISIONAL APPI	LICATION(S) AN	D ANY PRI	ORITY CLA	IMS UNDER 35 U.S.	C. §119 (e):				
PROVISIONAL	APPLICATION NUMBER				FILING D	ATE			
Thereby claim the benefit under	Title 35, United S	States Code, §	120 of any p	rior United States applic	ation(s) or PC	T internation	nal annlier	ation(s) do	nionatin d
Office all information known to	o me to be materi	al to patental	apn or riue vility as defi	33, §112, I acknowledg	ge the duty to	disclose to the			
between the filing date of the pri	ior application(s) a	ınd the nation	al or PCT in	ternational filing date of	this application	on:	Jo, WHICE	Occame	avaniable
PRIOR US APPLICATIONS	OR PCT INTERN	IATIONAL A	PPLICATION	ONS DESIGNATING	THE U.S. FOR	RENEELT	IINDED		
35USC§120:						02112111	ONDER		
	US APPL	ICATIONS			STATUS (Check one)				
U.S. APPLICATION NUM	U S FILING DATE			PATENTE	D PE	NDING	ABAND	ONED	
09/896,697		29 June 2001				Х			
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Pi	CT APPLICATIONS DE	ESIGNATING TH	JEIIO					 	
		LOIGIVATING II							
PCT APPLICATION NO	PCT FILIN	NG DATE	U	S SERIAL NUMBERS ASSIGNED (If any)					
	 								
								 	
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С	ombined De	eclaration For Patent Applica	tion and P	ower of Attorney (Continued)		ATTORNEY DOCKET						
L			83072ASI D									
ľ	POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
a t	gent(s) a	ssociated with Eastma cation and transact al	an Koda	ak Company <u>Customer</u> ess in the Patent and Tra	No. 01333 to p	rosecute						
s	end Corresp	ondence to:			Discot Talant	0 11 4						
		Patent		Direct Telephone Calls to: (name and telephone number)								
		Eastma										
		343 Sta	Susan L. Parulski									
				14650-2201	(716) 477-4027							
				_	FAX: (71	FAX: (716) 477-4646						
2	FULL NAME OF INVENTOR	FAMILY NAME Wendlandt		FIRST GIVEN NAME William	SECOND GIVEN	NAME						
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1	ADDRESS	Eastman Kodak Company	У	343 State Street, Rochester	STATE & ZIP COI New York 1							
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	ADDRESS	Eastman Kodak Company	343 State Street, Rochester		New York 1	4650 USA						
Ž O	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME						
Ó	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	NAME						
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≝4 #45	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
22	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	SECOND GIVEN NAME						
2	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	SECOND GIVEN NAME						
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6 BUSINESS ADDRESS ADDRESS				CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
imp app	orisonment, or	both, under section 1001 of Title y patent issuing thereon.	e 18 of the	nowledge are true and that all stateme knowledge that willful false stateme United States Code, and that such will EOF INVENTOR 202	ente and the libe on well	e are punishable by fine o jeopardize the validity of th						
DAT	William C. Windlandt			need of Feed	DATE							
	9/6/01			a f. gaal	1							
SIG	SIGNATURE OF INVENTOR 204		SIGNATURE	9. 6, 200/ E OF INVENTOR 205	SIGNATURE OF INVENTO	DR 206						
1				SIGNATURE OF INVENTOR 206								

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